THE

MEDICAL AND SURGICAL REPORTER.

No. 785.] PHILADELPHIA, MARCH 16, 1872. [Vol. XXVI.—No. 11

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

DIABETES AND ITS TREATMENT.

By Dr. J. Y. Shearer,

Of Sinking Springs, Pa.

In the number of the MEDICAL AND SURGICAL REPORTER, for August 5, 1871, appeared a report of mine made to the Medical Society of Berks, on a case of saccharine diabetes, in which report a new, and, as I believe, an infallible remedy for that disease was given; and in the number for September 3, 1871, appeared an article from the pen of RALPH S. GOODWIN, M. D. (Thomaston, Conn.), "pooh, poohing" the remedy, and criticising the treatment. As I was, at that time, engaged on several cases, most of which were of recent standing, none reaching nine months, I was not well prepared to say anything further to the profession on the subject; nor was I willing then to notice the comments of the doctor; but as the cases which I then had on hand have, for weeks past, been cured, and remain so; and, as on the following week, September 29, 1871, there came to my hands a case of two years' standing, of which I will hereafter speak more in detail, I concluded to be silent until *the* remedy was more fully tested. Indeed, I had thought of passing the article by in silence, but, inasmuch as it appeared in your journal, which I regard as one of the best published in this country, I have thought it advisable to notice it.

I will now state that five different cases of diabetes, well defined, have come under my own observation and treatment, and have been successfully cured; and as the five patients differed in temperament, habits of life and occupation, and have been cured by the same remedy, I am fully warranted in saying that any number, however great, may be cured by the same treatment. I do not deny the possibility of exceptional cases.

One of the five patients was a Mr. J. D., a New Englander; think he said from Connecticut, a blacksmith by occupation, residing at the city of R. He stated that he had been nearly nine months afflicted; had not worked for nearly three months; said he had several hundred dollars in bank, which he had "saved up," and would pay one hundred to be cured; that he had, for some time past, been drinking over a gallon of water during the night, and voiding about the same quantity of urine; and that he had so much trouble with frequent micturations during the day, and weakness (flaccidity) of muscle, that he could not work. I commenced the new treatment with him with ter-grain doses, as prescribed in the case reported, and when he came the third week after I had commenced treatment, he informed me that he arose but once during the night, and then voided less than a pint of urine. I prepared him medicine for the fourth week, and requested him to bring along that "$100" the following week, but that was the last time I had the pleasure of seeing him. The next week, and the next week, and the week after passed, but that patient did not return. The fourth week thereafter, happening to be at R., I made inquiries at his reputed place of residence, and learned that he had entirely recovered his health, had drawn his money from bank and gone west.

As before stated, on the 29th of September Mr. A. S., æt. 36, carpenter by trade, came to consult me as to his condition. With the exception of a great engorgement of the abdomen he was a walking skeleton; his cheeks

were sunken and sallow, and his features bore the traces of long continued suffering. I had him weighed and found his weight 90 pounds. Upon stripping him I found the flesh wasted on his body and limbs, and the skin tightened over his ribs, breast and back; and, judging by the touch, there was not a particle of flesh on his ribs or along his spine, while his abdomen was distended out of all proportion to his body; was hard, and a hard cord or muscular band passed transversely over it. His whole weight seemed to be in the abdomen. His tongue was slightly coated and furred; his pulse was weak and indicated great debility; his bowels, he informed me, were regular, and had been so for weeks. As he was obliged to micturate during the time he was with me a small quantity of urine was obtained, which, by MOORE's test, I found to contain sugar.

He informed me that he had been ailing for upward of two years, and had tried various remedies and different doctors, but still grew worse; that, during the last four or five months, he had been entirely unable to do any work, and suffered great weariness, even to exhaustion, in walking a few hundred yards; that from early in the evening till about eight o'clock in the morning he had been confined to his room, his time in bed varying from 13 to 16 hours; that, during that time, he would drink about two and a half gallons of water and void about the same quantity of urine.

Owing to the great debility of the patient, I commenced the new treatment by prescribing as follows:

℞ Tannic acid, grs. v.
Opii pulvis, gr. ss. M.

Sig.—To be taken at 9 A. M., 3 P. M., and bed-time, and tinct. ergot ℥j., to be taken before each meal in water.

Also:

℞ Veratria, gj.
Ungr. cetacei; ʒj. M.

Sig.—The size of a cherry, to be well rubbed along the spine every morning and evening.

I directed him to abstain as much as possible from animal food, confine himself to a vegetable diet, and to procure lager beer or ale to drink instead of water; and if either became nauseous to him, to alternate with tea, or whisky and water.

I increased the acid grs. v. every eight or ten days, during the three following months, until I considered a cure permanently effected; but the opium and ergot were not increased every time.

Within six weeks from the commencement of my treatment this patient's abdomen had become sensibly diminished; the hard band or cord which had passed over it had disappeared, and it began to have a natural appearance and feel; his weight had increased during that time quite rapidly; being weighed it was found to be nearly 105 pounds, an increase of nearly 15 pounds in less than six weeks, while the liquid drunk and urine voided had been reduced from two and one half gallons in thirteen hours to less than one gallon in the same time.

At this time I was giving tannic acid in xxv. gr. doses, with opii gr. j and ergot ʒiij.

If this was "tom tom" treatment it was very effective, certainly.

Before the first of December I commenced giving the medicine four times daily, and excepting the opium, in increased quantity, at intervals of ten days. By the first week in January, 1872, the patient had entirely recovered; he was able to work without experiencing great or unusual fatigue, and his weight had increased to 125 pounds.

I then commenced diminishing the quantity of medicine and number of doses at short intervals till the beginning of the present month (February), when I ceased administering it entirely; every trace of the disease having disappeared, and his weight having increased to 130 pounds; that being a greater weight, he informed me, than he had ever reached prior to that time.

I saw him on the 22d inst., and he informed me that his weight remained at 130 pounds; and that he was entirely free from any indication of the disease.

When treating the first patient, I found the remedies recommended by the old practice not only did no good, but rather aggravated the disease, and concluded that the originators of that practice were as much in the dark as to the origin of the sugar as myself. By careful observation I fixed a location for it, and believing that I had fairly tested the old remedies, I determined to adopt others, if possible, that would act directly upon the organ or function affected. It was then that, distrusting my own unaided judgment, I sought consultation with one who, as a *surgeon*, stands unsurpassed in skill and knowledge by any

other of this, or perhaps of any age, whose knowledge of therapeutics, varied experience, and accurate judgment in the treatment of diseases, rank him among the first physicians of the age.

The prescription given by Dr. GROSS at our first consultation was not designed as a mere experiment, but was intended to effect a particular result by its operation upon a certain function of the animal economy.

The medicines prescribed produced the effect intended—a very marked effect, as was evidenced by the improvement of the patient, and demonstrated clearly to my mind that we were right; they would doubtless have eradicated the disease entirely had I not believed we could reach the source more directly by other agents, and effect a cure in a more limited period of time. Having selected the *three drugs*, "tannin, opium and ergot," and carefully observed their effect upon the disease, I had reason, and have now more ample reason, to believe that the "arcana of nature have yielded their mystery as to this malady."

SUBACUTE RHEUMATISM.

By THOMAS BARROW, M. D.,
Of Baltimore, Md.

This painful affection is much more common than many physicians are aware of.

My habit of visiting monthly, during many years, about 600 families, many of whom, during each year, removed beyond my limits, to be replaced by others, whom I then visit habitually, has afforded me unusual opportunities of observation.

I think that about one-fourth of women and about one-seventh of men, over 30 years of age, suffer in some degree from it.

It doubtless prefers the decline of life for its incursion, because the caloric then generated in the human system undergoes a greater diminution. The habitual use during cold weather, either as food or medicine, of oleaginous substances, is consequently the best prophylactic; but I have found many such sufferers who cannot use fat meat or oil, and have inferred that this was a predisposing cause of their rheumatic pains.

It might be reasonably supposed that in respect of a disease so extensively prevalent an experienced physician could be in no danger of making an incorrect diagnosis. Such, however, is not the case. One cause of erroneous judgment is, that many physicians see but few cases of this malady. Usually the doctor is only sent for when the patient is prostrated by the disease. Almost all persons, on its first invasion, endeavor to repel it by means of rubefacients and embrocations; although the large majority obtain but little relief by these medications, and sometimes none at all.

The remedies which I have found most useful in this complaint are those which other medical practitioners have usually found to be so. The real point of difficulty is not how to prescribe appropriately, but to distinguish this torturing disorder from other diseased conditions which it may in some respects resemble.

Vin. colchici rad., potas. iodid., chloroform, morph. sulph., or ext. belladonna, with the use during cold weather of fats or oils, have proved adequate to the relief of probably several hundred cases which I have prescribed for.

Chloroform will not mix with aqueous liquids, without the conjoint use of something cohesive, as syr. simp., syr. acacia., or sugar, etc. Potas. iodid., in solution with an insulator, as salt, undergoes decomposition; but the addition of a syrup may prevent it. See PARRISH's Pharmacy, edition 3d, page 726, who gives three examples, which may perhaps be sufficient to verify the preceeding statements.

Mrs. Clara Beaumond had suffered during five months from violent pains, seated primarily in the spine, but spreading thence to various other parts. She did not leave her room, nor except with brief intermissions her bed, during this time. In addition to the physician who attended to her case till I was induced to undertake it, and who said it was neuralgia, four other physicians visited her. Two of these I felt convinced were immensely superior to myself in respect to general medical knowledge and skill. I therefore felt a strong repugnance to prescribing after them. The most eminent of these two affirmed that it was her old spinal disease returning, which, eighteen years previously, he had treated successfully during ten months; and that she might eventually recover, although it would be a long time before she could be about again. One of the other two said that her case was incurable.

Her agonizing pains were somewhat diminished by means of some of the medicines which these physicians administered to her. Her prostrating weakness, however, with considerable pain, continued till the mother's patience was exhausted, when she implored me to prescribe for her. I diagnozed subacute rheumatism, aggravated by anemia. I therefore reluctlantly prescribed

℞. Vin. colchici. rad.,
Syr. simp.,
Chloroform.,
Aquæ, aa. f ℥j.
Morph. sulph., gr. vj.
Ferri et ammon. citrat.,
Potass. iodid., aa. ℥iv.
Mag. sulph., ℥j. M

Sig.—½ small teaspoonful 3 times a day, in ½ teacupful of water; with abstinence from acids, tea and coffee during its use.

From the time of commencing the use of the above prescription her improvement was so rapid that in two weeks she was enabled to resume her duties as teacher of music, having had no return of the complaint during the period of about eighteen months.

Mrs. T., who had suffered severely during several years throughout almost her entire person, and which allowed her but little sleep, had been told by her physician that nothing could do her any good. He therefore abandoned her case as entirely hopeless. About three weeks since she told me that the combination previously mentioned had not only enabled her to sleep a great deal better, but that it had really done her considerable good.

Mrs. Jane Kidd had suffered incessant pain in her chest and sides, and had also occasional attacks of hemoptysis during four years, which led both her and her friends to believe that she had phthisis. During the last three months of the above named period she was attended by a pious physician, who had for many years enjoyed a justly large practice, affording him, I have been told, about $2,500 a year. Obtaining no relief, she told him that the medicines which he had given her had not done her a particle of good. He replied: "You must stop grieving about the child," (which had died about seven months previously). She asserted that that could not be the cause of her sufferings, because she had felt them for more than three years before the child died. He said, "Well, then, it must be occasioned by an incurable form of womb disease."

When soon afterward she made the above statement to me, I diagnosticated subacute rheumatism, and prescribed

℞. Vin colchici rad., f ℥ j
Morph. sulph., gr. v.
Mag. sulph., ℥j.
Aquæ, i. ℥iij M.

Sig.—Half small teaspoonful in one-third teacupful of water, with abstinence from acids, tea and coffee.

She enjoyed some benefit from each dose, and on the third day she felt entirely relieved; nor did she suffer thus again till about a year after, when the same combination again afforded her prompt relief. Having removed beyond my visitation limits, I was informed by Mr. KIDD that for seven months she had been suffering violent pain in her stomach, and that the medicines which two physicians had prescribed for her had done her no good. I soon after visited her, and having learned that the invasion of her disorder had been occasioned by a dinner of beans which had disagreed with her, I immediately diagnosticated gastric subacute rheumatism, and again prescribed the same medicines, which in three days entirely and permanently relieved her.

At another time she told me that the previously mentioned mixture had become so repugnant to her that even the thought of it occasioned nausea. I then changed aquæ f. ℥iij. to aquæ f. ℥ij. and tinct. lavender comp., f. ℥j., to be taken in ice-water. Thus modified, it was quite agreeable to her.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Prof. D. HAYES AGNEW.

[REPORTED BY DE F. WILLARD, M. D.]

Femoral Hernia.

GENTLEMEN: I have but a few cases for illustration of the subject to-day, yet thought it best to call your attention to those which we have, now while your minds are fresh upon the subject of hernia from our last meeting. The cases which I have, however, are sufficient to show the characteristic features of femoral hernias. You will see that each presents a tumor upon the inside of the thigh below Poupart's ligament—which is round in shape—soft and inelastic, presenting, moreover, no redness, heat or other signs of inflammation. As I tell the first patient to cough, a distinct sense of succussion is imparted to my fingers, and as she lies down you will see that the tumor disappears and its contents slip back into the cavity of the abdomen with

a gurgling sound. I place my finger over the saphenous opening, and telling her to rise, find that it does not reappear. It is of course a hernia, and one of the femoral variety, that is, the intestine has not escaped through the inguinal rings, but has protruded downward, a more common course in females, since their pelvis is wide and their inguinal rings small for the passage merely of the round ligament. You can distinguish this form from the inguinal since it is always below Poupart's ligament, and although it may sometimes turn upward after escaping from the saphenous opening, and lie over upon this line, yet it can be easily pushed down, while the neck will always be found to be situated at the aforesaid opening.

But you will say there are other tumors of this region, and all these characteristic appearances may not be present; how am I to distinguish between them? Well, in the first place, you will certainly have some of the above mentioned symptoms; and next, the tumor is always situated to the *inside* of the femoral vessels, which can be easily felt. Now, a *psoas abscess*, as you know, makes its way from the vertebræ down inside the sheath of the psoas muscle, and must emerge upon the thigh therefore to the *outside* of these vessels. You must remember that such an abscess receives most decided impulse upon coughing. Enlarged glands are commonly multiple, are definite in their outline, and are minus the characteristics of a hernia. Fatty growths are elastic and circumscribed, as are also cystic tumors. A saphenous varicosity might deceive you at times, though rarely.

Let us now see how this intestine made its way from the abdomen to this point—and that you may thoroughly understand its route, I will show you a dissected preparation of the structures.

Upon the inside of the fascia lata femoris, that dense membrane which covers in the muscles of the thigh, just at the junction of the outer or sartorial portion with the inner or pectineal, there is a break in its continuity which is known as the saphenous or external femoral opening. It is the place where the long or internal saphenous vein dips down to pour into the femoral. You will notice that I speak of the outer portion of the deep fascia as the sartorial portion, and I do so because I wish to avoid the name of iliac fascia, usually given by the books, since I shall soon speak of another iliac fascia, which is quite a different structure. Around this opening the fascia is thickened or strengthened to such an extent that it has received a special name. One portion of the sartorial fascia turns backward and is lost in the capsular ligament of the hip joint—while the other, arching up in a sickle-shaped manner around the outer side of the opening, is called the falciform process. The upper portion of this falciform process, in other words its upper cornu, the upper border of the opening, is known as Hey's ligament, but it is nothing more than fascia, and from it runs up a process which is continuous with Gimbernat's ligament. The lower boundary of the opening is called the inferior cornu.

Filling up this opening is a mass of fat glands, bound together by connective tissue, and which, being pierced by the saphenous vein superficial epigastric, superficial external pudic and superficial circumflex iliac arteries, with their accompanying veins, together with numerous lymphatics, is justly named the "cribriform fascia." This fascia, then, corresponds to the intercolumnar fascia in inguinal hernia language. If we lift it out of its bed, we shall then bring into view the opening, and beneath it the femoral blood vessels, or rather their sheath. Now, to discover the mode of formation of this sheath, we must look within the abdomen. When we were studying inguinal hernia, you will recall the fact that there was a loose connective tissue upon the sides and front of the abdomen, which bound the peritoneum to the transversalis muscle, and that this was called the transversalis fascia. This continues around to the posterior portion of the abdomen, but here covering in the iliac muscle, etc., it is called iliac fascia. The first named fascia, therefore, comes down from the anterior abdominal walls, the latter from the posterior, and meeting beneath Poupart's ligament, are prolonged down the vessels, forming their sheath, being pushed down or elongated so as to follow them to their ultimate ramifications.

Now let us study all the structures which pass beneath Poupart's ligament, and we shall be able to understand why a hernia takes the route which it almost invariable does. The space between this ligament and the bone from the ant. sup. spin. process to the symphysis is known as the crural arch. Poupart's ligament, the thickened edge of the aponeurosis or tendon of the external oblique muscle, is not merely attached to the symphysis, but spreads out in a fan-like manner, and is prolonged back upon itself along the ilio-pectineal line, where it is known as Gimbernat's ligament. Through this crural arch pass certain structures. Counting from without inward, they are iliacus and psoas muscles, anterior crural nerve, femoral artery, femoral vein. These fill up the entire space, save a little at the inside, between the femoral vein and Gimbernat's ligament, which is the only point where an intestine can force itself out, since between each of the structures a little bar or partition of connective tissue is sent down from Poupart's ligament to the bone.

There is also one of these partitions inside of the vein which explains the fact that it is never pressed upon efficiently to produce œdema of the limb, even though the hernia be large. This space is called the crural ring (or to follow the analogy to inguinal hernia, the internal femoral ring). It is bounded

within by Gimbernat's ligament; without, by the femoral vein; anteriorly, by Poupart's; beneath by the pubic bone.

This, then, is the weak point, and in order to strengthen it as much as possible, nature endeavored to close it up after the transversalis fascia was pushed down to form the sheath of the femoral vessels, as I have before described. This was accomplished by depositing just at this point a mass of fat in that connective tissue which everywhere binds the transversalis fascia to the peritoneum known as the sub-peritoneal connective tissue. This thickened tissue has received the name "crural septum."

The femoral canal is the space within the sheath of the vessels, from the internal ring to the external.

Now let us follow the route of a hernia. It pushes down the peritoneum against the internal femoral or crural ring, but this is closed by the "septum crurale," as I have said, which is carried down as the second covering. Now it passes down along the femoral canal, within the sheath of the vessels to the inside of the vein, until it reaches a point an inch and a half below Poupart's ligament, where it finds a weak point through which it can protrude—it is the saphenous opening or external femoral ring. Through this, then, it passes outward, taking with it the "sheath of the vessel," which receives the name "fascia propria," and the "cribriform fascia," which closed this opening, after which it meets with no opposition, for the only overlying structures are the superficial fascia and skin.

To recapitulate, then, the coverings of a femoral hernia are: peritoneum, septum crurale, fascia propria, cribriform fascia, superficial fascia, skin.

The fascia propria or sheath of the vessels may be ruptured so as not to constitute a covering, and the cribriform fascia is also sometimes wanting, as it is possible for a slowly forming hernia to dilate and pass through one of the many orifices with which it abounds. After a hernia has passed out of the saphenous opening it frequently turns upward so as even to lie over upon Poupart's ligament, and might be confounded with an inguinal. This tendency to pass upward should always be remembered in attempts at reductions, and the first movement in taxis is always to draw the tumor well down so as to free it from the sharp superior cornu of the falciform process of Hey's ligament, which is usually the constricting structure.

As in inguinal hernia, so here we have irreducible and strangulated conditions, and our second case is one of the latter variety; the patient having now been unable to reduce it for several days, and she has had considerable pain in the hypogastric region, with nausea and constipation. The symptoms are not severe, but should they increase, and attempts at reduction fail, we shall undoubtedly relieve her by operation. Let us first try the effect of taxis. We first place her upon her back with the hips slightly elevated, flex the thigh upon the abdomen, rotating it inward at the same time, and then bring her to a full state of anæsthesia, thus obtaining all the conditions most favorable for success. Grasping the tumor gently between the thumb and fingers of the right hand, I then draw it firmly down until I am sure, with my left hand, that it is freed from the sharp edge of Hey's ligament, when I knead or manipulate it in such a manner that every portion may be released from the borders of the ring. It is first to be drawn downward, then pushed inward through the saphenous opening, and then upward in the line of the femoral canal. This is a work of patience and care, since all violence is utterly unjustifiable and even harmful. If we should not be successful we should place her in bed, give a warm hip bath, a full grain of opium every two hours, combined with 1-36 of a grain of tartar emetic, and apply bags of ice over the tumor—which will probably cause it to disappeared spontaneously in the course of a few hours. You see that I have consumed many moments in these manipulations; though using no force, yet I plainly feel that the tumor is diminishing in size, and now the contents slip suddenly and the hernia is reduced. Had this result been unattained, I should not have continued these attempts much longer but should have waited, provided the symptoms were not serious, using meanwhile the treatment before mentioned.

Now that it is reduced, what shall we do? Keep the patient in bed for several days, and open the bowels gently on the third day, by a small dose of castor oil, or enema. Then our care will be to prevent a similar accident by means of an accurately fitting truss, which shall press upon the crural canal, just below Poupart's ligament. The same principles will guide you here in its selection as in inguinal hernia, and the truss itself differs only in having the pad attached to a longer arm, and being smaller and more rounded in shape. Remember the rule which I gave you, *never* to allow the patient to assume the erect posture without this support.

When taxis fails to reduce a strangulated intestine, and the symptoms of pain, stercoraceus vomiting, collapse, etc., become serious, herniotomy should always be performed at once, before the vitality of the parts is destroyed. This is best done by making a single long, straight incision through the skin, three quarters of an inch inside of the artery, and directly over the most prominent portion of the tumor, a T cut being rarely necessary. The patient should always be drawn to the foot of the bed or table, and the feet supported upon two chairs.

The different layers of coverings are now to be slowly lifted upon the grooved director and separately divided; but you must not expect to find that accurate stratification which your anatomical knowledge would indicate,

for the long pressure of the hernia has probably agglutinated them all into one. Avoid the saphenous vein—tie all cut arteries. When you reach the peritoneal sac you will recognize it by the arborescent appearance of its blood vessels, and by its smooth appearance. There are usually several layers of the superficial and cribriform fascia, which may be strong enough to require division with the knife, but will usually tear with the director, the principal instrument to be used in this step of the operation. When the sac is thoroughly cleaned and isolated, the finger is carried in and the nail hooked underneath the edge of Hey's ligament, when a probe-pointed hernia knife is slid along the palmar surface, flatwise, with the edge pressed against the finger, until it has passed beneath the constricting band; then to be turned up and the retained finger used to press it gently upward until the fibers yield a little. This is sufficient, and it should be turned and withdrawn while the finger is carried forward, tearing and dilating the orifice to a sufficient extent, if possible, to admit of the return of the gut.

Occasionally you will not be able to catch the nail beneath this falciform process, but the finger may sweep up into the surrounding connective tissue, in which case you may know that there are still some bands which must be broken up and cleared off from the sac. Some surgeons recommend the introduction of a director beneath the constriction, but I think this an unsafe and unnecessary procedure. The incision is always to be made upward and inward, since this is the only safe direction. On the outside lies the femoral vein, above the epigastric artery to the outside, and the spermatic cord in the direct line, all of which must be avoided. If this cut should not be sufficient, Gimbernat's ligament may also be divided in a similar manner; but here there is another danger to be remembered, and that is the obturator artery, which is usually given off as a branch of the anterior division of the int. iliac, but which has an anomolous origin once in two and a half cases. It may arise from the ext. iliac, from the epigastric or from the femoral itself, and in any case would be obliged to take an abnormal route to reach the obturator foramen. Occasionally it passes directly down alongside of the vein, but more frequently skirts around Gimbernat's ligament, in which case it must lie directly in the path of the knife. If injured it sometimes bleeds profusely, requiring torsion or ligation for its arrest, but this may be prevented by using a knife so dull that the artery would recede before its edge, while the tense fibers yield much more readily. It is also avoided by making the nick but a line deep, leaving the rest to be torn by the finger.

When the constriction exists, however, in the neck of the sac, or when there is doubt as to the vitality of the incarcerated intestine, this operation will not be sufficient and the sac must be opened. I neglected to mention that the fascia propria is often so thickened by the pressure of a truss, and so congested by futile attempts at reduction, that it is almost impossible to distingnish it from sac or omentum, especially as it is frequently filled with bloody serous cysts, etc. Its smooth, regular appearance would, however, distinguish it from omentum, and the absence of the characteristic vessels from sac. If, on any doubt, however, a slight nick, if it be sac, will allow a little fluid to escape and decide the question. The sac being next carefully opened, the failure in reduction may be found to be due to adhesions of intestine or omentum to it, in which case they should be gently separated. The omentum or intestine should be thoroughly unraveled and examined to see whether they still contain sufficient vitality to warrant their return into the abdominal cavity. Having decided its advisability, they may be carried far up past the crural ring, the neck of the sac, or the fascia propria, or even Gimbernat's ligament sometimes requiring additional incising. The cuts are all made in the same direction, *i. e.*, upward and inward. The sac is to remain.

Gimbernat's ligament is to be incised as little as possible, since its free division renders future retention difficult. Strangulated portions are to be treated precisely as I told you in inguinal hernia.

The subsequent treatment consists in bringing the wound together with interrupted sutures, and covering with compress and spica bandages, then putting the patient in bed with the thighs flexed, and giving just enough opium for the next six or eight days to keep the bowels and constitution calm. The bowels are to be allowed to rest until the ninth day, when they may be cautiously opened. A turpentine enema may be previously given, provided tympani be troublesome. The diet should be light at first, followed then with plenty of milk and beef essence. After a few days there is but little danger of peritonitis, but if this arises it is to be appropriately treated with turpentine stupes, poultices, hot cloths, stimulants, opium, etc. Of course a truss will be ever afterward necessary.

Degrees.

The Scotland *Church News* announces a forthcoming work on *Degrees*. It is to be published in London, and, it is said, will comprise much valuable information as to degrees in general, and a complete exposure, after searching inquiry, of the traffic in "Brooklyn," "Philadelphia," and other equally worthless degrees, and will be dedicated, "without permission and with no respect, to those D. D 's, LL. D.'s, and Ph. D.'s, who have attained 'honors' at the expense of honesty."

EDITORIAL DEPARTMENT.

Periscope.

The Treatment of Fever.

On this broad subject Dr. CHARLES MURCHISON lays down the following principles in *The British Medical Journal:*

1. To remove, when possible, the cause on which the fever depends.

2. To promote elimination, not merely of any morbid poison, but of the products of exaggerated metamorphosis in the blood and tissues.

3. To reduce the temperature and the frequency of the action of the heart.

4. To maintain the nutrition of the tissues and stimulate the action of the heart by appropriate food and stimulants, taking care, at the same time, not to excite congestion or increase the work of the already overtasked glandular organs.

5. To relieve dangerous and distressing symptoms.

6. To obviate and counteract secondary complications.

1. Unfortunately, it is not often that we have it in our power to remove the cause of pyrexia; but the object is one always to be kept in view, and sometimes the main efforts of our treatment must be directed to secure it; as, for example, pyrexia depends upon pent-up pus, an obstructed bowel, or gouty, syphilitic, or periosteal inflammation.

2. The elimination of any morbid poison, as well as of the products of exaggerated metamorphosis, will often be promoted by the judicious employment of diaphoretics, diuretics, purgatives, and emetics. The old practice of commencing the treatment of pyrexia by giving a purgative to unload the portal circulation and promote the action of the liver, is undoubtedly a good one, and is particularly advisable in persons of robust habit, or who live too well. In mild cases of pyrexia, the only treatment necessary consists in the avoidance of any chill, and in the administration of a mild aperient, followed by frequent doses of diuretics and diaphoretics, such as the citrate of potash, or the liquor ammoniæ acetatis with spirit of nitrous ether. Elimination will also be promoted by a plentiful supply of fresh air, which will favor the escape of carbonic acid from the lungs, and by the free use of diluents, which will help to wash away through the kidneys the products of tissue-waste. In all grave cases of fever you will remember the importance of maintaining the action of the kidneys, and of keeping a good watch on the state of the urine; noting carefully not so much its color and the presence or absence of lithates (both of which characters will depend much on the quantity), but the quantity and the presence or absence of albumen. When the quantity becomes notably diminished, or albumen appears, advantage will often be derived from hot poultices to the loins, aperients, diaphoretics, diluents, and diuretics. But while you promote elimination, you must take care that the means for this end do not weaken too much the action of the heart; and you must remember that, in some fevers, the natural processes of elimination are excessive, and conduce to dangerous exhaustion and death.

3. For reducing the intensity of the pyrexia, different measures have been proposed.

Blood-letting was at one time universally resorted to for this object, but in this country it is now entirely discarded, because it was found to increase one of the great dangers in pyrexia, viz., failure of the heart's action. There are few accurate observations on the effects of blood-letting on the temperature of pyrexia; but we know that, when a copious bleeding of the nose or the bowel takes place in enteric fever, although the temperature may fall below the normal standard, it speedily regains its former height or rises above it.

The external use of cold water is one of the most certain means of reducing temperature in pyrexia, and in certain cases is attended with good results. The attention which this practice is now attracting will justify the following remarks: In the seventeenth century the brothers Hahn, of Leipzig, treated fevers by the external use of cold water, but their observations were soon forgotten. Toward the end of last century (1787) cold affusion was proposed by Dr. Currie, of Liverpool, both for arresting and mitigating fever. The patient was seated naked in an empty tub or bath, and several buckets of water, of a temperature of 50 or 50 deg. Fahrenheit, were poured from a height of from 2 to 3 feet, or more, over the head and chest. He was then hastily dried, and restored to bed, and, in most cases, the operation was repeated once or twice daily. It was stated that, in many cases, if resorted to during the first three days, this treatment arrested the disease; while, in others, it reduced the pulse and temperature, relieved many of the distressing symptoms, and particularly the headache, restlessness and delirium, and conducted the disease to a safe and speedier issue. The affusions were employed at any stage of the fever; but the effects were always most salutary at an early stage. They were said to be contraindicated when the temperature of the skin, ascertained by the thermometer, was not much above the normal standard, or when, notwithstanding an elevation of temperature, the patient com-

plained of chilliness, or suffered from severe diarrhea or profuse sweating.

The wonderful results obtained by Currie were confirmed by numerous observers in different parts of the world, whose testimony is recorded in the edition of his work, published in 1804.* But in the British epidemic fever of 1817 9, the practice was followed, by many with great perseverance, and the general result, according to Sir Robert Christison, was that in very few cases, if any, was the disease arrested by it; that although an abatement of febrile heat and restlessness occurred almost invariably, it was of short duration, and not to be made permanent by any frequency of repetition; that as much good eventually was attained by frequent cold or tepid sponging, together with cold applied to the head; and that often the cold affusion occasioned for a time after each application an intense feeling of pressure and weighty feeling in the brain, which could not be regarded without some uneasiness.† These statements, backed by professional and popular prejudice, account perhaps for the subsequent neglect of cold water treatment of fevers. But the observations made of late years by Brand, of Stettin, Jurgensen, of Leipzig, Liebermeister, of Basle, Ziemssen, of Erlangen, and H. Weber and Wilson, of London, show that, although the practice may not shorten the fever, and is often inapplicable, yet under certain circumstances it is useful not only for reducing the temperature, first of the surface and then of the interior of the body, but for relieving headache and other distressing symptoms, removing congestion of the kidneys, warding off delirium and coma, and rousing the nervous system in cases of excessive stupor. The circumstance has perhaps been too much lost sight of, that cooling the body may not influence the conditions on which the development of heat depends; but with reduced heat it may be assumed that there will be diminished metamorphosis, to the non-elimination of the products of which many of the dangers of fever are due. In point of fact, Schroeder, of Dorpat, has ascertained that cold baths effect a marked diminution in the excretion of carbonic acid and urea in fever;‡ and as this was not attended by any aggravation of the general symptoms, it is fair to attribute it to a retarded metamorphosis of tissue.

Statistics have been appealed to to prove the great success of the cold water treatment of fevers (particularly of enteric fever) as contrasted with that of an expectant method; and, although other conditions not stated may have helped to influence the result, they suffice to show that the practice is not beset with the dangers commonly imagined. But the most conclusive facts in favor of the practice are those observed in certain cases of hyperpyrexia by Dr. Wilson Fox* and others, where its employment was followed by recovery from an elevation of a temperature (110 deg. Fahr.) which under every other method of treatment has been speedily followed by death. At the same time there are many cases of pyrexia in which the cold effusion or immersion would be unsuitable or injurious. It is likely to be of the most service when the temperature is under 102 deg. Fahr., or when the extremities are cold, although the temperature of the central parts of the body be high; and it must always be employed with caution when there are the signs of weakened cardiac action or of stagnation of blood in the capillary circulation, although it may be noted that in one of Dr. Fox's patients, who was apparently rescued from death, the face was cyanotic, and the radial pulse imperceptible.

There are different plans for employing cold water in the treatment of pyrexia, such as the cold affusion practiced by Currie, packing in a cold wet sheet resorted to by Brand, or immersion in cold baths. The last is the method now most in fashion. The patient is placed in a bath having from 50 deg. to 70 deg. Fahr., or better, as Ziemssen recommends, in one whose temperature is about 10 deg. below that of the body, but which, after the patient's immersion, is gradually cooled down to 68 deg. by adding cold water. He should remain in the bath for half an hour, or until shivering comes on, and all the time he is in the bath his limbs ought to be rubbed by assistants. He is then to be hastily dried and put into a warm bed. For some time after the bath, the temperature in the rectum continues to fall as the trunk parts with its heat to the extremities; but as soon as the temperature in the rectum rises again to 104 deg., the patient ought to have another bath. In the early stages of the fever, as many as seven or eight baths in the day may be necessary. When cold affusion or immersion is contraindicated or inexpedient, frequent sponging of the surface with cold or tepid water will also help to cool the body, and is often a source of much comfort to the patient.

Quinine in large doses has an undoubted influence in lowering the temperature of pyrexia. In most cases of severe pyrexia, ten, fifteen, or twenty grains will, within an hour or two, cause a fall of the temperature to the extent of three or four degrees, and to a less degree of the pulse.† It is true that the effect passes off after a few hours, and that there is no good evidence (except in malarious fevers) of its cutting short the natural course of the attack; but the effect may be maintained by a repetition of the dose; and

Medical Reports on the Effects of Water, Cold and Warm, as a Remedy in Fever. By James Currie, M. D. F. R. S. 1804.

† Article, "Continued Fever" (*Library of Medicine*, vol. i, 1840).

‡ Ueber die Einwirkung kalter Bader auf die Cos—und Harnstoff—ausscheidung beim Typhus—*Deutsch. Archiv. klin. Med.*, 1869, Bd.; vi, s, 385.

On the Treatment of Hyperpyrexia by Means of the External Application of Cold. London: 1871.

†For evidence on this point, see Report of a Committee (of which I was a member) of the Clinical Society.—*Trans. Clin. Soc.*, 1870, vol. iii.

the remedy has often apperred to me to be of signal service when a pyrexia was at its crisis, and when the temperature was rising in place of falling.

Digitalis, Aconite and Veratrum Viride have a marked power in reducing the pulse, and, to a less extent, the temperature in pyrexia, and are, in my opinion, too much neglected for these objects in practice. Veratrum viride is largely used in America in the treatment of fevers, and its effect upon the pulse is speedy and most decided; the only objection to its use in private practice which my experience suggests is its liability to induce sudden nausea and faintness, but these symptoms are transient, and cease on the administration of a stimulant. Ten or fifteen minims of the tincture may be given every four or six hours. Aconite is a remedy of great value for reducing the pulse and temperature in fever, and especially in the pyrexia resulting from local inflammations, and is much less used than it deserves to be. Digitalis is another remedy which I have often found very serviceable in various forms of pyrexia. While increasing the force of the cardiac contractions, it diminishes the frequency of the pulse, reduces the temperature, and increases the flow of urine. Lastly, *antimony* reduces, in a marked degree, the frequency of the pulse in pyrexia, and promotes diaphoresis and mucous secretion. It was at one time largely used in all fevers, but in many it is contraindicated by its tendency to weaken the contracting power of the heart.

4. The nutrition of the body must be maintained by appropriate food, in the form of milk, beef-tea, eggs and farinaceous articles. Not long ago it was a custom to starve fevers; and you may probably have heard that the late Dr. Graves, of Dublin, who was mainly instrumental in doing away with this objectionable custom, expressed a wish that his epitaph might be, "He fed fevers." The modern tendency, however, is perhaps to over-feed fevers, and especially to give too much nitrogenous food. Dr. Parkes has shown that there are theoretical objections to a purely nitrogenous diet in fevers. It is doubtful if the disintegrating nitrogenous tissues can be fed; and in that case the albuminous food must be got rid of by the already over-tasked glandular organs. Milk is in most cases preferable to beef-tea as an article of diet in fevers.

In many cases of fever it will be necessary to give stimulants. You must not give stimulants simply because the patient has fever. Many patients with fever do better without them. But you must not refrain from giving stimulants when the heart shows signs of weakness, as happens in the advanced stages of most protracted fevers. The heart may be artificially stimulated by sinapisms and other irritating applications to the skin, but better by the internal administration of ammonia, ethers, and alcohol, in quantities proportioned to the weakness of the heart and pulse.

5. In every case of pyrexia, you must combat dangerous symptoms as they arise. Stagnation of blood in the pulmonary capillaries impeding the aeration of the blood is to be met by stimulants, such as alcohol, carbonate of ammonia, and ethers. Digitalis, by strengthening the heart's action, and turpentine, which seems to stimulate the capillary circulation, are also useful under these circumstances; while advantage will likewise be derived from mustard and linseed-poultices to the chest, and from warm applications to the feet. When uremic symptoms predominate, the action of the skin and bowels is to be promoted, digitalis and saline diuretics may be given to increase the flow of urine, sinapisms and linseed-poultices are to be applied over the loins; while attempts may be made to rouse the patient by cold affusion to the head, by blistering the shaven scalp with liquor ammonia, and by sinapisms to the nape and feet. In many cases of fever you will also be called upon to relieve distressing symptoms—such as diarrhea, pain, sleeplessness and delirium—which, if unchecked, hasten exhaustion and prevent recovery.

6. You must counteract, as far as possible, secondary complications, which will vary according to the primary cause of the pyrexia, and which always add to the patient's danger.

Lastly, I would caution you against two errors in the treatment of pyrexia.

1. You must take care that the remedial measure which you adopt in no way thwart the natural modes of recovery, or favor the natural modes of death.

2. At the same time you must not be content with adopting a treatment of pure expectancy. You must not forget that the natural termination of pyrexia may be death, as well as recovery.

Operation for Elongation of the Long Bones

Prof. J. C. HUGHES reports the following case and novel operation in the Transactions of the Iowa State Medical Society:

James H. Dimond, æt. 13, during the month of October, 1856, was thrown from a horse-cart, producing a comminuted fracture of the left femur, in its upper third. The limb was immediately placed in position, and dressed with the long splint—*Desault modified by Physic*. No unpleasant symptoms attended the treatment, and at the expiration of further protection to the limb, I continued dressings to the leg for twenty days longer, when I removed the entire dressings, the limb giving evidence of perfect recovery. He now began to move about upon crutches, and in a few days was engaged in the sports upon the snow with a hand-sled. At the expiration of two months—which time I had been absent from the city—the patient presented himself at my office, with the leg, to my great astonishment,

so distorted and shortened that, upon measurement, I found a difference of two and one-quarter inches—the convexity of the bend being just below the great trochanter, forming a very angular curve. Upon inquiry, I found the bending to have been gradual, having commenced soon after the removal of the dressings, but now so firm as to forbid any hope of restoration from treatment, short of operative interference. The breaking down of new deposit, by the establishment of fracture, in a case which had been comminuted, did not offer much in the way of cure. The deformity, however, continued to increase, until the shortening measured two and three-fourth inches, interfering materially with locomotion.

During the summer of 1857, he became anxious to have the limb straightened, and consulted me several times. I gave him some encouragement in relation to the result which might follow an operation, but advised him to wait until the fall. I frequently examined it after that time, and, weighing the chances of a cure, by Barton's method of operating, concluded to suggest what I conceived to be an improvement—one in which, if the operation could be made successful, would not only correct the deformity produced by the curve, but would restore the limb to its natural length. After having secured the consent of patient and friends, I presented the claims of the operation to my colleagues in the medical department of [redacted] University, who thought favorably of [redacted]hod suggested, and sanctioned i[redacted] On the 5th of December, 1857, before the medical class of the University I presented the patient, and after a full explanation of the case—the dangers as well as what I conceived to be the advantages of the operation—I proceeded in the following manner. So determined was the patient to have the operation performed, that when upon the operating table, just before commencing the administration of chloroform, used the following significant language: *Here goes for a straight leg or a dead body!"*

Having prepared a needle six inches in length, of malleable iron, I attached to it the chain saw; then, with the scalpel, made an incision some three inches in length, directly over the greatest convexity of the curve, and laid bare the bone, which was, at this point, almost, if not entirely, twice its natural thickness. I now entered the needle on the inside, and with the use of considerable force, pushed it around, hugging the bone so closely with the needle's point, as not to endanger vessels or nerves, and doing but little injury to the soft parts. As the point of the needle reached the opening or entrance on the opposite side—having made the circumference of the bone—I took hold of its point with a strong pair of forceps, and forced it through, leaving the chain-saw in contact with at least three-fourths of the circumference of the bone, including the concavity of the curve. Having secured for the saw the position desired, I at once affixed the handles, and proceeded to cut through from the inner or concave surface. Not wishing to sever the entire thickness of the femur, I made the incision extend about three-fourths through, and then, with pressure from the outside, or from the convex surface, broke down the outer fourth, which, with the periosteum and soft tissues, kept up the attachments between the extremities of the bone. Having now removed the saw, I was enabled to make extension which would give me the full length of the sound limb. The gap or space secured, by which I gained length, was on the inner or concave surface, instead of the outer or convex, as in Barton's method. I had not removed a wedge-shaped portion of bone, as by the old method; but had secured, by making my incision from the inside, a wedge-shaped space, which, when extension was produced, could fill up and be united by any bony deposit.

I at once placed the limb in Desault's long splint, and treated as for compound fracture. The danger to be anticipated from the injury inflicted upon the tissues, and the presence of bone-dust produced by the saw, would be active inflammation followed by extensive suppuration. This was, however, more imaginary than real. The case progressed most favorably, scarcely maintaining the ordinary symptoms of compound fracture. But little suppuration followed—the discharge of pus being confined to the original wound. In ten weeks and three days he was removed to his home, one mile from the hospital, and in four months from the operation, he was able to attend school. His health improved, the leg became strong, and in a few months I found him acting as bell-boy in one of our hotels, making good time either up or down a stair-case. The limb, which had been two and three-fourth inches shortened, was now within half an inch of the length of the sound one.

Paracentesis in Pleurisy and Empyema.

Dr. HENRY W. FULLER, in a recent lecture in *The British Medical Journal*, says:

I propose to take into consideration some of the effects of pleurisy and their treatment, and particularly to discuss the propriety of tapping to withdraw the effused fluid from the thoracic cavity. In an ordinary attack of pleurisy, the symptoms subside, without the adoption of any active local treatment. With fomentations to the chest and appropriate internal remedies, the patient generally recovers. But in some cases, either from an original fault in the constitution, or from neglect of treatment in the onset of the attack, the accumulation of fluid in the thoracic cavity becomes very great. All ordinary measures fail to produce absorption of the serum; the lung becomes compressed; the respiration is seriously interfered with; and the adoption

of some other remedies becomes essential for the relief of the patient. We often meet with cases of this kind in the hospital. They come in with the pleural cavity full of fluid; no respiration is to be heard on the affected side; and, notwithstanding the application of blisters, etc., there is no lessening of the fluid. Something further must then be done; and tapping of the chest under these circumstances is constantly practiced.

I remember the time when tapping of the chest never was had recourse to except where the patient was almost at the point of death. It was said that the admission of air into the pleura was almost necessarily fatal; and that tapping was an extreme measure to be had recourse to only when it was obvious that the patient must otherwise die. The delay till the patient was utterly exhausted made the tapping useless, and the operation almost invariably proved fatal. Of late the error has been in the other direction—namely, tapping too early; and it is in reference to the question of tapping, as illustrated by the case of Andrews, in the Cambridge Ward, that I wish to speak to you to-day. I shall first say a few words with reference to thoracentesis when the fluid is simply serous. If you are called to see a patient, whose chest is full of fluid, it is well to ascertain at once, by a small-grooved needle or an aspirator, what the fluid is. It may be simple serum, or it may be a seropurulent fluid. The question of tapping must be considered under both of these heads. If the fluid drawn off by means of the aspirator prove to be simple serum, and the patient's breathing be not seriously oppressed, you should try to promote absorption by remedial agents before having recourse to tapping. Diuretics, diaphoretics, iodide of potassium, mercury, and other remedies, have been employed for this purpose, but in most instances with little or no result. In many cases, however, blisters have proved beneficial; and so also has the constant application to the chest of a weak solution of iodine, which I am in the habit of applying to swollen joints, viz.: an ounce of the compound tincture to two ounces of glycerine and five of water. The advantage of this weak solution is, that you get all the absorbent properties of iodine without damaging the cuticle, and so destroying the absorbent surface. In aid of blisters and the iodine lotion, it is advisable to have recourse to what has been termed the *dry method* of treatment, which is the denying the patient any fluid food, so as to promote the natural absorption of the fluid in the chest. When the pleural membrane is healthy, this method will almost prove sufficient of itself to remove the fluid, by rendering the vessels eager to take up fluid wherever they can get it; and it should always be resorted to in aid of blisters and absorbent applications to the chest. But in cases of pleurisy, where the pleural membrane is unhealthy, I believe the dry method rarely does much good, and certainly is not to be relied on. In the great majority of cases, if, after the lapse of a month, the chest be full of fluid, and the general health be suffering, something must be done speedily to relieve the patient, and tapping is the only reliable expedient.

But here arises a question which is much discussed. I refer to the admission of air into the pleural cavity. It is commonly stated that if you admit air into the pleural cavity the pleural membrane will probably thereby become irritated; and the discharge, instead of remaining simple serum, will become seropurulent, and ultimately purulent. In consequence of this opinion all sorts of contrivances have been adopted to exclude air—syringes with elaborate stopcocks; trocars with elastic tubes, opening under water; and a variety of others. All these, however, in the majority of cases, are simply useless. The idea that it is possible to draw off the fluid from the chest without admitting air contravenes a well established physical law, and therefore these contrivances fail in their object. I wish you seriously to consider the condition of the organ with which we have to deal. We are dealing with a *closed cavity*, and its walls are more or less rigid. If you take a cavity, such as a cask, with perfectly rigid walls, you can get nothing out of the cask by tapping it, unless you admit air. Nature abhors a vaccum; and it is a well known and recognized physical law, that nothing can be taken out of a cavity without the admission of something else in its place. The chest resembles a cask in being a closed cavity, and differs from it in having walls which will yield in various directions. The ribs will yield; the lungs will expand to a certain extent; the mediastinum will press on to the affected side to a certain degree; the space above the clavicle will fall in; and the diaphragm will rise a little; and to that extent, *but to that extent only*, is it possible to draw off fluid from the chest without the admission of air. Well, then, in a simple effusion, in many instances we shall do well to exclude the air, although there is not a great deal of harm in admitting it. In the vast majority of cases where air has been admitted, it has all disappeared in twenty-four hours; and for its setting up a purulent condition of the contents, it is a matter of theory, and not of practice—only occurring in exceptional cases. I have advised the operation over and over again in this hospital, and I have let the patient pump air in and out of the pleura for five minutes in succession, to show you that no evil consequences result. Not that I recommend you to do this in practice, because, in the great majority of instances in which pure serous effusion exists with great tension of the thoracic cavity, it is useless to do more than draw off a certain portion of the fluid, and so relieve the tension of the thoracic walls. When this has been effected, absorption of the remaining fluid usually takes place in the natural way. The chances are that, if you withdraw twenty

ounces—and in a flexible chest you may withdraw thirty ounces without the admission of air—the remainder will be absorbed in the natural way, and the patient will make a good recovery. Here it is needless, and therefore wrong, to run the risk of admitting air; but I would at the same time point out to you as the result of my experiences, that the vast majority of cases in which air has been freely admitted have made a good recovery.

Removal of the Uvula.

Mr. E. NOBLE SMITH, L. R. C. P., M R. C. S., writes to the *British Medical Journal:*

I am induced to bring this subject before the profession for the following reason. Twenty years ago the late Mr. Yearsley published these remarks: "*Excision of the Uvula.* In order to gain all the advantages, and insure no disadvantage, from this operation, it is necessary that *the whole* of the uvula should be removed, and not part only, as has been the usual practice. It is owing to this partial removal that patients have occasionally been sadly inconvenienced by the irritation kept up by the food, in its passage through the isthmus, striking against the amputated surface. In consequence of such result, Dr. Bennati, a talented physician of Paris, who some years ago used to amputate the extremity of the uvula in singers, discontinued the practice. In the numerous cases in which I have performed *total excision*, I have never seen such a result. It may therefore be set down as an axiom that [illegible] *snipping* the uvula is a most objectionable operation; whereas its entire removal, by which the palatine arches are thrown into one, is an operation which in suitable cases is to be commended. The utmost pains have been taken to ascertain the results of loss of the uvula; but in no one case can I find that the slightest inconvenience has arisen from its removal. The fact that the removal of the uvula involves no subsequent inconvenience to the patient, is of itself of the greatest interest both in a physiological and a practical point of view."

Notwithstanding this sound advice, there still remain many members of the profession who practice snipping or partial removal; to the detriment of both patient and practitioner, and with the result of causing the public strongly to oppose operative interference. I have lately met with numerous cases in which patients have submitted to what was styled removal of the uvula, proving, however, but a *partial* removal. The consequence has been that the raw surface has remained dangling, irritated by every morsel of food that passed down the throat; and in some cases inflammation has arisen, spreading to the throat and larynx; weeks of suffering have occasionally followed, terminating generally by leaving the uvula as long as it was before the operation.

It is not surprising to find this remedy often condemned, upon the following grounds, viz.: that it causes much pain and suffering, and is of no permanent benefit, for the organ almost invariably grows again. Not only is it thus, but very many members of the profession are impressed with the idea that excision of the uvula is an unjustifiable, or rather an useful operation, and they have, therefore, discontinued it; others, more persevering, have resorted to repeated snipping, with an uniform result of regrowth. With regard to entire removal which I have always practiced, the possibility of detrimental hemorrhage is advanced as an objection; and I believe some cases are upon record where the excision has been followed by unpleasant results. Patients have been known to bleed to death after the removal of a tooth; but that fact would scarcely be a sufficient argument to deter any one from the operation of tooth-drawing. In the loss of either an uvula or a tooth, common precautions would avert so unfortunate an event.

All the cases in which I have removed the uvula have resulted satisfactorily; and I have experienced the good fortune of not having had any in which the bleeding has not been almost immediately stopped by cold water gargle. In one case, the patient had an enormously enlarged uvula, half an inch in thickness, and extremely vascular. I feared that the removal might possibly cause some troublesome bleeding, so I had in readiness some of the strong liquor ferri perchloridi with which to touch the wound; but I found its use quite unnecessary, as the hemorrhage stopped in a very few moments. If in any case iron failed, I should apply a wire-ligature, which could be very easily done with an instrument that I have had made for excising very vascular uvulas; a description of which I hope to give upon some future occasion.

The following case is, I think, worth recording, in order to illustrate another feature of the malady, to which I wish to call the attention of the profession.

T. B., æt. 34, had apparently been a powerful man; but, at the time when he applied for treatment at St. Mary's Hospital, in the middle of June, 1868, he appeared to be suffering from advanced phthisis. He was extremely emaciated, and had a distressing cough, which had commenced in April, and continued in spite of all treatment. He had been losing flesh and strength rapidly, and had just previously been treated, he said, for consumption at an eminent hospital. I examined his lungs, and was surprised to find no sign of disease. I then looked at his throat, and found an extremely elongated uvula; the throat was also inflamed I prescribed chlorate of potash and bark, and astringent gargles; but the uvula remaining enlarged, I cut it off. From that moment the cough stopped, and the man continued to improve until August 25th, when he was quite well and strong.

I have had many patients who have been undergoing treatment for lung disease, whose maladies ceased with the removal of the uvula.

Disinfectant Treatment of Small-Pox.

Dr. STEVENS writes to the *British Medical Journal*:

Having lately had charge of two small-pox hospitals in Plymouth, I have adopted the disinfectant treatment of Dr. Sansom, of London, viz., the administration internally of bisulphate of soda every four hours, and the application of olive-oil and carbolic acid to the pustules externally. By these means, he contends, that "the patients are themselves disinfected, and rendered inocuous to the community at large." I must say that this plan has been attended by more favorable results than any other with which I had previously been acquainted, and can most strongly recommend it to my professional brethren. I have, however, to make certain that no infection should be conveyed to the public after leaving the hospital, caused each patient to be put for a quarter of an hour on three successive days into a bath containing a pint of chloralum. This has been done immediately convalescence has been established, and the patients have been discharged from the institution forthwith. By this proceeding much expense has been saved, and the beds made available for other sufferers in quick rotation. I have also employed chloralum in solution as an external remedy before the application of olive-oil and carbolic-acid. This has been the means of cooling the inflamed surface and of allaying the itching.

Renewal of a Joint after Resection.

Dr. V. CZERNY describes in the *Archiv für Klin. Chir.* (Band xiii.) an interesting case of reproduction of the elbow-joint after resection:

The subject was a weakly girl æt. 13, whose elbow had become anchylosed in a faulty position after inflammation. On account of this, and of the presence of caries which was extending on the ulna, resection was performed. The piece of bone removed was one and one-third inches long in front and two and a half inches behind; the articular portion of the humerus and of the bones of the forearm were thus taken away. The child recovered, with power of moving the elbow between the angles of 60 and 113 degrees; rotation, however, was impossible. The external appearance of the limb was normal. Two and a half years after the operation the child died from pneumonia supervening on suppuration of the knee-joint. On examition, the muscles surrounding the joint were found to possess normal attachments. Between the triceps and radius, a piece of bone eight lines long was found, forming the analogue of the olecranon. At the end of the humerus, two distinct condyles had been developed, having between them a concave surface, which articulated with two facets in the upper end of the radius and ulna. The articular surfaces were covered with cartilage; and there was a synovial membrane.

Treatment of Small-Pox.

Dr. STOKES read a communication to the Dublin College of Physicians on the treatment of small-pox, especially considered with a view of the prevention of pitting after the disease. He pointed out that the existence of the present epidemic was a sufficient answer to the assumption that small-pox had been stamped out in Ireland. In his opinion another example of the change of type in disease, an asthenic form of zymotic affections having taken the place of their previously existing asthenic character, was afforded in the instance of variola. He believed that the liability to pitting was greater in sthenic than in typhoid cases, and in searching for a reason he had found that the tendency to pit depended mainly on the degree of vascularity of the skin. The indications to be fulfilled in the attempt to check or even entirely to prevent the occurrence of this unpleasant consequence of small-pox were three: 1, the exclusion of air; 2, the maintenance of the parts affected in a moist state; and 3, the alleviation of local irritation. All these indications were satisfied by the repeated application of soft linseed-meal poultices to the face, which was the part most exposed to the air, consequently the most dry, and lastly the most highly vascular. Dr. Stokes [illegible] remarkable case which exemplified the good effect of local depletion of the face by leeches, in preventing the development of pustules and the formation of pits. A young girl was admitted to hospital with every symptom of most intense pyrexia, including terrible headache. So urgent was the last-named symptom, that leeches were applied to the temples in considerable numbers. Two days afterward a dense crop of small-pox vesicles sprang up all over the body and extremities, and soon became confluent, while on the face and neck only a few aborted pustules made their appearance. If it were required to carry out the indications already alluded to in the case of the entire body, the treatment proposed by Hebra, of continued immersion in a warm bath, was invaluable. In the Meath Hospital a patient at death's door in small-pox, his body being a mass of foul, fœtid, and reeking sores, was plunged into a bath and kept there for seven consecutive hours. All delirium ceased at once, the sufferer's torture was at an end, and he quickly became convalescent. He concluded by giving his hearty testimony of approval of the method introduced by Hebra, pointing out its freedom from danger, the possibility of administering nourishment and stimulants to patients while in the bath, and the fact that the relief given in the most severe confluent cases was at once immediate and permanent.

Eliminative Treatment of Cholera.

Dr. KACZOROWSKI, in an article on an epidemic of cholera, which prevailed in Posen in 1866, published in the *Berliner Klin. Wochenschr.* for January 8th, speaks favorably of the eliminative treatment of cholera. The result in a number of cases which he had observed in hospital and private practice, led him to believe that the cholera-poison is excreted through the bowels, and sometimes through the lungs; that its passage into the blood thickens this fluid and paralyses the heart; and that this occurs the more rapidly the earlier the intestinal evacuation is arrested. He asks whether the fact that the suppression of the intestinal evacuation is a bad sign, is not a guide to the treatment. In 1852 he had observed the good effects following the use of evacuants, especially ipecacuanha as an emetic and calomel as a purgative; and he made the same observation in 1853, 1855 and 1856, but found that in some cases the use of mercury was followed by tedious stomatitis. In 1866 he gave castor oil and wine, with quinine during the stage of reaction. The following was the mode of treatment which he followed. When the patient was seen in the early stage he was in bed and covered with a blanket; a cold compress was applied over the head and abdomen; iced water was given him for drink; and a tablespoonful of castor oil, with a little camphor or peppermint, was administered. If the oil were vomited (which frequently occurred), the dose was repeated, and the patient was kept in the horizontal position, no drink being given for twenty or thirty minutes. In the course of an hour or two there were usually several stools mixed with flocculent matter (intestinal epithelium). This was followed by cessation of the anxiety and restlessness, and of the vomiting and abdominal symptoms; the extremities began to recover warmth, and the pulse became slower and fuller. The muscular cramps were obviated as far as possible by rest, and, when they occurred, were relieved by extension made by the attendants. In most of the acute cases this treatment, Dr. Kaczorowski says, was sufficient to arrest the disease. If the symptoms returned after some hours (which not unfrequently happened), the dose of castor oil was repeated, with the results already described.

On the Internal Use of Carbolic Acid.

Mr. JAMES ALLEN, M. B., L. R. C. S. E., Newmilns, Ayrshire, writes to the *British Medical Journal:*

I intend to point out shortly diseases in which, I believe, from the results I have obtained, carbolic acid may be used with success. In the treatment of mucous tubercles and primary syphilitic sores, I have met with a considerable amount of success. The method of using it is by applying a solution of equal parts of carbolic acid and water once daily, and by the constant application of a lotion of eight grains of carbolic acid to the ounce of water. If the acid be applied in a concentrated form, it causes the sore to assume a whitish appearance, after which a thin yellow scab forms, which separates in three or four days. In all cases the pain was inconsiderable, and the destruction of the sores rapid. According to the trials in which I have employed carbolic acid in the treatment of syphilis, I am unable to form a definite opinion of its merits or defects. In two cases which resisted all the usual remedial means it was prescribed, and in a few weeks all the symptoms had disappeared. The effects have also been investigated by Dr. Kohn in Hebra's wards, in whose experience the beneficial results were not so marked as to recommend its administration.

I agree with many observers as to the beneficial effects of carbolic acid in the fermentative class of dyspeptic cases, in which there is flatulence with evolution of gas, with a tendency to vomit. For this it can be administered in solution in grain-doses, or in the form of a pill. Thus given, it stimulates the stomach, checks the fermentative process, and produces an evolution of gas and evacuation of flatus. In hemorrhagic ulcer of the stomach, a few administrations of grain-doses, freely diluted, are very efficacious in checking the bleeding, provided, as in all cases, due attention has been paid to the diet. Good results have also been obtained in cases of chronic gastric catarrh, especially if some stomachic sedative be first given. It should be given upon an empty stomach, in quarter to half-grain doses much diluted.

Great were the expectations raised by the use of carbolic acid in the treatment of typhus and typhoid fevers, certain writers hailing it as a specific capable of arresting and checking their course. The praises which were so loudly bestowed upon this agent did not prevent others from declaring their doubts, and the evidence which has been adduced amply confirms my own views. From a careful watching of the course, as regards the temperature of the body, the pulse, and duration of the attack, it has been definitely ascertained to have no effect.

In considering the different processes which take place during the decomposition of the pulmonary tissue in phthisis, on account of the deteriorated state of vitality, it would seem that, if an antiseptic could be introduced by any means, which would not derange the general functions, the disease might be arrested. From a careful review of the cases recorded in our periodical literature, as well as from the results of practice which I have myself seen, I am certain that, when pulmonary disorganization has taken place, carbolic acid has no effect to eradicate it. No doubt there are some who "lay the flattering unction to their souls" of having cured or arrested it, but I am certain they have been deceived. Endeavoring to attain this, I have

used a solution of carbolic acid in the proportion of from three to six grains to the ounce of water, in the form of a spray. Great care, however, is required in its application, so that it should be at once stopped if it causes such symptoms as vertigo, rigors, faintness, or failure of the pulse. Clark's or Mathieu's spray-producers are the best. The symptoms which have been noticed invariably followed the use of Siegle's apparatus. In certain cases, in which there is abundance of secretion and not much irritation, the inhalation of the vapor has produced much relief.

In the treatment of certain skin diseases I believe carbolic acid to be of much use, especially in those of an obstinate nature. Good results have been obtained in psoriasis, pityriasis, and prurigo. It should be administered in the form of pills, each containing one grain, and from six to nine of these given daily, and gradually increased. In gangrene of the lungs it removes the fetid odor, and seemingly produces good. In chronic bronchitic and oozing hemorrhages of the air passages it is useful; so, also, in mucous diarrhœa of the large bowel, in the form of an injection, when preceded by some alkaline solution.

Mortality Under Anæsthetics.

Dr. JAMES R. CHADWICK, Surgeon to the Massachusetts General Hospital, has lately published a report on amputations at that institution, which, among other interesting statistics, contains the following in reference to the use of anæsthetics:

In view of contradictory opinions which have been held as to the effect of chloroform upon the final result of surgical operations, it may be interesting to examine the foregoing tables with a view to deciding it may be in some measure the effect produced by the use of sulphuric ether upon the mortality of operations. The dividing line is fixed at January 1, 1847, that being the date from which the use of this anæsthetic became the established habit in the Massachusetts General Hospital.

No. of Table.	Limb.	Subdivision.	Before Ether.			After Ether		
			Recovered.	Died.	Ratio of Mortality.	Recovered.	Died	Ratio of Mortality.
5	Arm,	Pathological,	4	0	0.	24	4	14.28
6	Forearm,	Traumatic Primary,	2	0	0.	22	7	24 13
7	"	" Secondary,	1	1	50.	11	1	8 33
8	"	Pathological,	4	0	0.	19	4	17.39
10	Thigh,	Traumatic Primary,	3	3	50.	31	22	41.50
11	"	" Secondary,	2	1	33 33	4	8	66.66
12	"	Pathological,	26	7	21.21	102	26	20.31
15	Leg,	Traumatic Primary,	4	1	20.00	59	32	35.16
16	"	" Secondary,	5	3	37.50	29	15	34.09
17	"	Pathological,	20	1	5.	84	14	14.28
			71	17	19.31	385	133	25.67

At first view this would seem conclusive against the use of anæsthetics, but a moment's reflection renders the fallacy sufficiently obvious. A vast number of operations, especially in chronic or long-continued cases, are submitted to by patients, and willingly undertaken by surgeons at the present day, owing to the entire immunity from pain and the diminished danger from shock, which, previous to the discovery of anæsthesia, would not have been tolerated. Among these many, as is well known, terminated in recovery, which formerly were allowed to die unrelieved, the mortality then not being less, but only attributable to the disease and not to the operation. Furthermore, it must be remembered that improved methods of treatment restrict amputations more and more of late years to cases of the worst character, offering often at the best but a faint chance of preserving life.

In 1856 Dr. James Arnott presented statistics to prove that chloroform had increased the danger of operations, but these were contradicted by other observers. So many considerations interpose, that a *post hoc* cannot become a *propter hoc* argument in a matter involving so many qualifying circumstances. Finally, in deciding this point, the kind of anæsthetic employed must not be lost sight of. If the paralyzing effect of chloroform upon the heart be as great as is alleged, the use of sulphuric ether is assumed, at least on this side the water, to be comparatively harmless.

Reviews and Book Notices.

NOTES ON BOOKS.

—— *German Medical Journals.* We have before us a package of our German medical exchanges lately received, and as more than one correspondent has asked us to recommend some foreign periodical of the kind, we shall give a brief description of the journals now upon our table.

Uppermost is the *Deutches Archiv für Klinische Medicin*, edited by Dr. H. VON ZIEMSSEN and Dr. F. A. ZENKER, both professors at Erlangen. The *Archiv* is a large octavo pamphlet of 110 pages, containing about half a dozen articles of a clinical and practical character admirably worked up, on various departments of science. Opening it at random we notice first an acute and learned criticism by Dr. BEHREND, of New Stettin, on MARTIAL'S famous epigram *De Familia ficosâ*, supposed to prove the existence in ancient classic times of syphilitic condylomata, which forms the subject of the article. Other papers are on the treatment of croupous pneumonia with veratrum, on the result of the cold water treat-

ment of typhus, on the diagnosis of contagious pemphigus, and on apomorphia as an emetic—all practical topics.

——Next in order is the *Archiv der Heilkunde*. The editor is Prof. E. WAGNER, of Leipzig, assisted by Drs. C. A. WUNDERLICH and W. ROSER. It is a medium octavo of 60-odd pages, less strictly clinical than the former, and more occupied with book notices and theoretical discussions. The present number contains three articles—on miliary tuberculosis after typhus, reports from the pharmacological laboratory of Dorpat, and on the physiognomy in tetanus, the last a minute and curious study by Prof. KONIG.

——Of the weekly journals the first we take up is the *Central blatt für die medicinischen Wissenschaften*, edited by Dr. J. ROSENTHAL, of Berlin. It is especially devoted to pathology anatomy and physiology. Besides original articles it includes a condensed review of all the new observations in these fields from all languages. In its department it is the leading journal.

——The *Berliner Klinische Wochenschrift*, edited by Professor L. WALDENBURG, in Berlin, contains almost exclusively weighty original articles by Berlin observers. As the special representative of that school it ranks high, but does not claim so much study from those not in full sympathy with the Berlin theories.

——One of the most useful of all the German medical periodicals, perhaps the best adapted to give the foreigner a current acquaintance with all the advances of science in that country, is the *Allgemeine Medicinische Central Zeitung*, edited by Dr. H. ROSENTHAL, at Berlin. It contains no original articles, but a careful summary of the most valuable which appear in other journals, and an epitome of the general medical news of the day.

——The last of our pile is the *Wiener Medicinische Wochenschrift*, edited by Dr. WITTELSHOFER, in Vienna, the best of the journals there, well supported by able writers, and equal to any weekly in Prussia.

It will be noticed in this brief sketch of our German contemporaries (which is by no means exhaustive), that there are no anonymous and hence irresponsible medical journals among them. This exceedingly objectionable feature is popular with publishers for reasons easily divined, but ought to be discountenanced by professional men.

BOOK NOTICES.

Spectrum Analysis in its Application to Terrestrial subtances and the Physical Constitution of the Heavenly Bodies. Familiarly explained by Dr. H. SCHELLEN. Translated from the second enlarged and revised German edition, by Jane and Caroline Lassell. Edited with notes by WILLIAM HUGGINS, LL.D., D.C.L., F.R.S. With numerous Wood cuts and Colored Plates; also, ANGSTROM'S and KIRCHHOFF'S Maps. London: Longman, Green & Co. New York: Scribner, Welford & Co., 1872. 1 vol., pp. 662, cloth, 8 vo. Price, $12.00. For sale by J. B. Lippincott & Co., Phila.

The most wonderful of all the recent discoveries of science is, without question, the application of the spectrum to the analysis of bodies. Founded on the simple fact long since (1802) observed by WOLLASTON, that the spectra of light are crossed by a number of dark lines of varying width, a fact which for more than half a century, until the researches of Prof. KIRCHHOFF (1859), remained without significance, within the last decade spectral analysis has assumed proportions as a science, and made discoveries of such astounding character, that the mind is bewildered in their contemplation, and it is quite impossible to foresee what bounds can be placed to the progress of its search into nature. A score of years ago, the idea that we should be able to analyze the sun and farthest visible star as certainly as if we had it condensed in a crucible, and to ascertain positively that, perhaps, with one exception (that of helium), the same inorganic elements make up our system, would have seemed wild as a lunatic's dream. Yet, now, that this is all done, and can any day be repeated, as usual with this race of ours, it hardly attracts attention out of the pale of learned societies.

The present work is designed to familiarize a wider public than this with the fairy tales of this science, and to convey to the intelligent general reader a knowledge of the result already attained. It is founded on a series of lectures delivered by the author, in 1869, for the purpose of presenting in familiar language the method and the brilliant discoveries of this new science.

It is by no means superficial, nor yet is it technical. Divided into three parts, the first is occupied with describing the artificial sources of high degrees of heat and light, such as the Bunsen burner, the magnesium light, the electric lamp, the voltaic arc, etc.; the two remaining parts treat, the one of spectrum analysis in its application to terrestrial substances, including a history of the origin and progress of the discovery, the instruments and methods employed, the influence of temperature, absorption, colors, etc.; the other on spectrum analysis in its application to the heavenly bodies. These include the moon, planets, fixed stars, nebulæ, comets, meteors, lightning, the aurora borealis, but especially the sun with its extraordinary phenomena of gas streams, prominences, spots, chromospheres, etc. A complete bibliography closes the volume.

The colored lithographs and wood-cuts, which are profusely scattered throughout the pages, are superbly executed and admirably printed, and the maps of the spectral lines are prepared with most conscientious fidelity. Any one who examines the book will see that it is fully worth the price, which at first sight may seem high. It is the *only* treatise on the subject in our language at all complete.

Transactions of the Iowa State Medical Society. Compiled and arranged by A. G. FIELD, M. D., S. B. THRALL, M. D., and J. WILLIAMSON, M. D., Committee on Publication, Davenport, Iowa, 1871. Pp. 268.

This is the first volume published by the Iowa State Medical Society, and the general excellence of its contents leads us to echo the hope expressed by the committee of publication that it is the first of a series of volumes of similar character. It contains forty articles all worth preserving, either as contributions to science or to the medical history of the State.

We have always felt some regret that so much of such volumes is demanded by etiquette for "Annual Addresses," as we feel morally convinced that in nine cases out of ten just so much money as is expended in printing them is thrown away, and so much space as they occupy lost to scientific articles. We do not say this with any especial reference o the present volume, although it contains four such speeches which are quite as good as the majority, and one decidedly better, but with reference to the whole genus of Society Transactions.

Of the more interesting articles in this volume we may mention Prof. HUGHES' description of a new operation upon the shaft of long bones, by which elongation as well as straightening may be secured; and a case of rupture of the uterus with abdominal section, by Dr. ELWOOD WHINERY, both of which we have marked for quotation in this journal. Dr. J. W. H. BAKER reports in full the interesting case of the death of Dr. WITHERWAX, through using a poisonous hair restorer; Dr. E. H. HAZEN has a useful article on the ophthalmoscope in nephritis; and Drs. H. T. CLEAVER, WM. WATSON, J. F. KENNEDY, PHILIP HARVEY, and others contribute sound practical papers.

Transactions of the Medical Society of the State of California, during the years 1870 and 1871. Sacramento, 1872. 1 vol., pp. 253.

This volume indicates a very laudable spirit of scientific progress among the members of our profession beyond the mountains. It contains a large amount of information both local and general. Of the former character are the articles on medical topography, the sewerage of San Francisco, and on the monthly and annual mortality of the State, the last mentioned by Dr. THOMAS M. LOGAN, President of the society. The subject of quarantine is discussed by Dr. W. T. WYTHE and Dr HENRY GIBBONS, Sr., with the usual diversity of opinions. "The Genesis of Crime" is the title of a paper by Dr. EZRA S. CARR, who apparently believes that medical men are generally agreed that all very outrageous rascals are insane and irresponsible! An opinion in which we for one in no wise coincide.

The "specialties" are represented by an article on Ophthalmic and Aural Surgery, by Dr. W. F. SMITH, of San Francisco, reporting two cases of enucleation, and a semi-popular address entitled "Why do we wear Spectacles?" by Dr. ED. M. CURTIS, of Sacramento. The surgical articles include the report of the committee on that branch, about thirty pages in length; a paper on hip joint disease and its treatment, by Dr. L. C. LANE; on skin-grafting, by Dr. W. FITCH CHENEY; on a new splint for treatment of fracture of the inferior maxillary bone, by Dr. R. W. MURPHY; and on ovariotomy by Dr. J. W. WYTHE.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 16, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

WHAT SHALL BE DONE?

A few weeks ago we referred to Dr. ELY VAN DE WARKER'S essay on the detection of criminal abortion. That treatise appears very appropriately at the present time, when it is becoming more and more apparent that our profession ought to take some steps toward putting a stop to this evil more effective than those hitherto suggested.

We are by no means believers in the sweeping statements of Drs. NATHAN ALLEN, HORATIO R. STORER, and the more directly sensational writers of the magazines, as to the extent of this crime; nor, on the other hand, do we have much confidence in the assertions that certain religious communions, certain states and certain nationalities are free from it. There is evidence enough, however, to prove it is largely and *increasingly* practiced, and we ask, what can we do, as a profession, to stop it?

In the last volume of the *Transactions of the American Medical Association* is a Report on Criminal Abortion, the committee being Drs. D. A. O'DONNELL and W. L. ATLEE. As the writer of the report uses indiscriminately the first person singular and plural, it is difficult to determine whether this document is a joint composition, or which of these gentlemen produced it. We fear, however, that as an address to the profession it is not calculated to effect much. The discussion as to what exact moment the soul enters the fetus will be apt to be treated with levity by our young practitioners, nurtured on the doctrines of VIRCHOW and HUXLEY; and even older and more orthodox readers, will be apt to smile at the reference to "proofs and authorities in support of these views," as if such a question were at all possible of proof; as if any authorities, except perhaps the scholastic philosophers, whose *sententiæ* are not deeply venerated by medical men, could carry any weight in such a matter!

However, passing over these features of the report, we come to the means recommended to check the evil. They are twofold. The first is, that medical students should be taught to condemn the practice of abortion and abhor it.

"Five minutes devoted to the subject in question by each professor every season, denouncing this crime, would make such an impression on the minds of his students as would not be effaced during the short period of the longest life. And though they might not succeed in correcting all the evil tendencies with which they have to deal, yet, by placing before them this crime in all its hideous deformity—in its legal and moral aspects—together with the inevitable ruin to character which must follow, we cannot doubt that a most favorable impression would be the result. Under all circumstances, they would have the consciousness of having done their duty to their students, to their profession, and to the community. But to turn out on the public young doctors without principle, without a sense of moral responsibility, without the instruction necessary to guide them safely through a professional career, is to entail a curse on society, which does not die with their natural lives, but may descend to other times and to other generations."

This excellent advice we gladly aid in circulating, and hope it will be obeyed.

But it addresses a very small class, only medical teachers. The next recommendation

calls in the aid of the clergy. The committee recommend each medical society to *ask the clergyman* of the parish to call together the married women of his church, and "impress on their minds a sense of that moral responsibility which alone can guide the weak and correct the evils of which we are speaking. For although we must guardedly avoid all allusion to such subjects in presence of unmarried persons of both sexes, yet the judicious clergyman may assemble the married ones together, and there warn them against the wolves that lie in wait for them. Here the horrid crime of feticide may be represented to them in all its dangerous consequences to both soul and body."

This transfer of function is extraordinary enough, but the committee go still further, and in language of very unnecessary squeamishness for a scientific document addressed to a company of physicians, covering their exact meaning by a scriptural reference, they propose that the clergyman (poor fellow) shall assemble the married men of his flock and address them on the evils of feticide and *—conjugal onanism!*

Meanwhile the doctors, who are popularly but evidently quite erroneously supposed to hold in charge the public health and well-being, having set the clergy at work, are to do nothing, so far as that public are concerned, but to transfer the task of instruction to others. Perhaps, however, it is intended that they shall speak to their own patients. "Every physician, as far as his practice extends, should feel that in his professional department he is the shepherd of his flock, and it becomes his duty to see that these wolves in sheep's clothing should not make any inroads among them. The members of the profession should form themselves into a special police to watch, and to detect, and bring to justice these characters. They should shrink with horror from all intercourse with them, professionally or otherwise." This is well, but it is the *physician's* duty and not the *priest's*, to give instruction in hygiene, and the greater publicity we can gain for a sound, popular medical literature the more virtuous and healthy will be the community.

Notes and Comments.

A French Wonder!

The newspapers announce that a Frenchman has made a wonderful discovery of "a new light, called ox-hydrique gas, which, as its name implies, is simply a mixture of oxygen and hydrogen. It gives a wonderfully brilliant, calm and soft and far-reaching light, quite setting to shame, in contrast, the ordinary gas-lights. The two gases of oxygen and hydrogen, which are mixed to produce this light, are brought to the burner in separate pipes, and must be fused before the match is applied, as otherwise there would be an explosion. There are some other difficult details in the management of the light, but nothing, it would appear, that cannot be overcome with experience and care."

Some of our readers, now in the "lean and slippered pantaloon," will recognize in this wonderful French discovery the late Prof. HARE'S oxy-hydrogen blow-pipe, which was an everyday wonder in the laboratory of the University of Pennsylvania forty to fifty years ago.

The Fate of Margaret Campbell.

A pamphlet throwing a strong light on the responsibility of our profession for the popularity of abortion is "The mysterious death of Margaret Campbell critically examined," by T. D. CROTHERS, M. D. (Albany, N. Y.), This girl died from a criminal abortion produsced by the notorious Mrs. Dr. Burleigh. This villainous woman used to boast that if she happened to kill a customer she "could send for two doctors and a coroner, and have the matter closed up at once."

The result proved how well she knew her ground. When Margaret Campbell, a mistress of a man in Troy, was dying under Mrs. Burleigh's hands in consequence of an instrumental abortion, she summoned Dr. J. R. BOULWARE to see her, who either made no diagnosis, or would not acknowledge that he made a correct one. With Dr. C. H. PORTER he made a *post-mortem*, but both swore they dis-

covered no evidence of the abortion. A second autopsy by Dr. HENRY R. HASKINS placed the fact beyond any reasonable doubt.

The woman was acquitted, and we believe the two physicians, whose names are so disreputably mingled with the affair, have made no attempt to explain their part in the transactions. They are both members of the Albany County Medical Society, and the most culpable one, also of the New York State Medical Society. But this society, at its last meeting, was too much engaged in reforming fundamental maxims of civil law to call to account this promising member. *We* should say that a society that winks at offenses of this nature itself badly needs a reformation.

Liverpool Medical Missionary Society.

This society held its ninth annual meeting on January 22d, 1872. The society had had two dispensaries in operation, at different extremities of the town, during the past year; and, notwithstanding the illness of both superintendents, and the consequent derangement of work, the total number of new and old cases at both institutions amounted to 50,630, while the number of visits paid to the homes of the sick was 5,368. The patients were among the poorest and most forlorn of the population. The result of the medical treatment fully equaled that attained at any general dispensary; and the preaching of the Gospel was found to be, not a hinderance, but an incentive, to the attendance of the people Many collateral schemes of benevolence are connected with these institutions, having for their object the improvement, both material and spiritual, of those who are sick, poor, and gnorant. The premises and medical staff of the senior dispensary are now all that could be desired for carrying on the work; while, with regard to the other, there is good reason to hope that it will also ere long be placed in circumstances equally favorable. Upon the whole, in respect of both institutions, the committee feel grateful for what they have been enabled to accomplish, and have good ground for confidence in looking to the future.

The Lord Rector of the University of Edinburgh on Female Medical Education.

SIR WILLIAM STIRLING-MAXWELL was recently installed as Lord Rector of the University of Edinburgh. In his address he touched very freely on the female medical movement. "With regard," he said, "to female medical education, upon which our minds have been chiefly exercised, there is probably more difference of opinion than upon the general question. From the earliest times woman has been the presiding genius of the sick-room, often the sole medical attendant, always the physician's first lieutenant. So long as it is probable that women will continue to minister to their sick children and husbands, and to be charged with the responsibility of fulfilling the doctor's directions, I must hear some argument more convincing than I have yet heard why they are to be debarred from learning the scientific grounds of the art of which they are so often the empirical practitioners, or the docile and intelligent instruments. But, in truth, the experience of other countries has settled the question. I cannot but desire that the female students now enrolled in this University should obtain what they ask—namely, a complete medical education crowned by a degree. It is, however, more easy to express this desire than to discover the steps by which it may be accomplished."

The Bavarian Method of Treating Fractures.

Dr. CORLEY describes the Bavarian method of treating fractures. The advantages of this plan were plainly these: The necessity for splints was dispensed with; daily inspection of the injured limb was permitted; the period during which the patient was confined to bed was considerably shortened; and the apparatus was very easily applied, and still more readily taken off. The method was carried out in the following way: A flannel roller, consisting of two pieces of flannel of the length of the affected limb, and stitched together posteriorly, was first placed beneath the limb, in such a way as to bring the line of stitching into correspondence with the middle line of the extremity. It was then carried round the limb on each side and secured in front with long pins having their heads bent at right angles. Over the external surface of this first roller a mixture of plaster of Paris, in equal proportions, was rapidly smeared. A second similar flannel roller was then fastened over all, and secured by a modification of the ordinary many-tailed bandage. Dr. CORLEY had used this plan in

twenty cases, including fractures of the upper and lower extremities, Pott's luxation, Colles's fracture, etc.

Homicidal Mania Again.

Two dreadful instances of homicidal mania, come under our notice this week. Surely enough victims have been offered to appease the wrath of the "Lettre de Cachet" class of philanthropists! Legislatures have been hounded into passing impracticable laws, and physicians have been intimidated in the discharge of their obvious duty, until the land seems to be filled with insane persons of a dangerous character.

G. W. PURDY, of Marlborough, N. Y., while insane, cut the throat of his sister, Mrs. Anna Conkling, with a razor, laying bare the windpipe and tongue. Her recovery is doubtful. Another sister was severely injured. The crazy man was secured.

On the 9th inst., near Dayton, Ohio, LEONARD MARQUARDT, "who is evidently insane from a spiritual cause," murdered his wife and three of his children in a most shocking manner.

——We hear that a marriage has been arranged between the Princess Henrietta of Schleswig Holstein, sister of Prince Christian, and Professor Esmarch of Kiel, the eminent surgeon, who is well known in connection with various researches in civil and military surgery.

Correspondence.

DOMESTIC.

Poisoning from Corrosive Sublimate.

EDS. MED. AND SURG. REPORTER:

Thinking that the following case might interest some of your numerous readers, I have decided to submit it to you for publication:

On the night of the 22d ult., I was summoned in great haste to see Mrs. S., æt. 40 years. On the way, I learned from the messenger that she had, in a fit of anger, swallowed a large quantity of hydrarg. bichlor. (From a subsequent investigation, I concluded that she must have taken into her stomach over ʒj. of the salt, as she drank over a fʒj. from a bottle containing pure alcohol, with more of the substance in it than it could hold in solution, as was evidenced, by the presence on the bottom of the bottle of a quantity of undissolved crystals.) I found my patient, on arriving at her bedside, bolstered up with pillows in a sitting position; saliva was copiously flowing from her mouth; countenance pinched, anxious, and of a bluish-white hue; the whole surface was cold, and bathed in a profuse clammy sweat; the pulse was small, weak, and beating sixty to the minute.

Her sufferings were terrible. She complained of a styptic, acid, metallic taste, burning and constriction of the throat, burning, griping, and tearing pains of the stomach, accompanied by a deathly nausea, but no vomiting. She had, previous to my arrival, thrown off half an ounce of mucus. Half an hour had elapsed when I first saw the patient, since she swallowed the poison. I immediately proceeded to administer large draughts of tepid water, producing, after each, copious emesis; this course was persisted in until I was satisfied that the stomach was completely cleared of all foreign substances, when the programme was changed, by giving, instead of warm water, albumen (white of eggs) and milk, (not with a view of continuing the vomiting by any means), this the stomach would retain but a short time; it however relieved to some extent the mouth, throat and stomach of the burning pains, and vomiting was less frequent but increased in severity to such an extent, that its effects upon the patient became very alarming, at each act the body and limbs becoming rigid, and there were violent spasms of the stomach.

The character of the matter thrown from the stomach changed, being mixed with dark blood, and patches of thickened, congested mucous membrane, and finally fresh blood and mucus were ejected (but once), followed by extreme prostration, the pulse fluttering very feebly. In the course of three or four minutes after this last act of vomiting I succeeded in inducing her drink about fʒiij of the milk and albumen, following it with this prescription:

℞ Morph. sulph., gr. ss.
Aquæ puræ, fʒ ss. M.
immediately (at one dose).

The nausea nearly subsided in ten minutes after giving the morphia; the suffering was also diminished in some degree, yet it was exceedingly great; deeming it both safe and expedient, the above prescription (morph. sulph. et aqua) was repeated in three-fourths of an hour; great relief soon succeeding its use. There has been no vomiting since the above prescription was first used. The morphia was continued in one-fourth grain doses, every three or four hours, as the indications dictated, for the next forty-eight hours, when she commenced to complain of griping, burning pains in the bowels, accompanied by nausea; immediately following these symptoms, she had three evacuations of the bowels in quick succession in the course of half an hour (about a quart in all); the two last consisting of matters identical with that last vomited from the stomach (*i. e.*, patches of thickened

congested mucous membrane and blood); soon after the last stool a suppository, containing morph. sulph. one grain, was introduced into the rectum; this was repeated every four or six hours for the succeeding forty-eight hours, the nature of the stools gradually improving, until they became normal in quality and frequency, when the suppositories were discontinued. The morphia was continued in one-fourth grain doses, per anum, for uneasiness occasionally felt in the stomach and bowels, as well as for nervous restlessness, and continued for the next sixty hours, when it was dispensed with and has not since been required.

During all this time the albumen, either with milk or water, was freely and frequently used, but was two days since ruled out as unnecessary.

At the time she was so prostrated, flannel, saturated with warm alcohol, was kept applied to her person.

The stomach for the past two days has kindly accepted beef tea, and soft boiled eggs. She is quite emaciated and debilitated, with a thoroughly bleached countenance; her strength has been improving with remarkable rapidity, she being able at this writing to sit up four or five hours during the day (an hour or so at a time). She can also walk about the room some; her appetite is good, craving many things which prudence forbids. Except now and then a slight griping when at stool, she is free from pain or uneasiness. Sleep is quiet and refreshing.

Owing to the fact of the stomach and bowels having been to a greater or less extent denuded of mucous membrane, and the fear that the subjacent structure had been reached and subjected to the pernicious action of the corosive salt, I was apprehensive of extensive ulceration, the results of which would not be over pleasant to contemplate; but I think all fears of such a catastrophe can now be safely dismissed, with our patient so fast improving in every respect.

It may be well here to state that the principal drink, since the discontinuance of the albumen, has been barley water; also that during the first day or two her insatiable thirst was kept within bounds by the almost constant presence in her mouth of ice; without it, existence would have been quite intolerable, for the use of water to an extent that the sufferings otherwise would have demanded would have been altogether inadmissible.

G. S. GALER, M. D.

Newton, Long Island, N. Y., March 4, 1872.

Puerperal Mania.

EDS. MED. AND SURG. REPORTER:

In the REPORTER of February 3d, 1872, page 92, after detailing former treatment, the writer says: "She was treated by Dr. L., of Etna, for a short time, and with no better success, etc."

I first saw the case several weeks after the commencement of her delusion. I urged the necessity of giving sufficient nourishment and proper medicine, and if that could not be done at home, that she should be taken to an Asylum where proper treatment *could* be carried out.

At my second visit I found that a little nourishment had been given by the rectum only, and that the friends were still unwilling to take her to an asylum. As the patient lived several miles distant, and I was then much pressed with the care of other patients, I could not give this case the constant supervision which it required, and I declined further attendance.

The responsibility for her life rests upon the newspapers and other agents which cultivate a popular prejudice against insane asylums, the only places where such cases can be properly treated.

H. LANING, M. D.

Syracuse, N. Y., February, 13, 1872.

On Hydrophobia.

EDS. MED. AND SURG. REPORTER:

It occurred to me, on reading a description of hydrophobia in that excellent work of Dr. H. HARTSHORNE, that as this disease seemed to be of rather an unfrequent occurrence, those who had had cases under treatment should briefly record the facts.

The two following cases which came under my care were both seen by the late Dr. WM. G. EADIE—who was formerly the professional attendant of these families, and in each case verified the diagnosis.

Moses Vanpelt, æt. 78, robust and always in the enjoyment of good health, was attacked by a dog on the 27th day of December, 1865, and bitten on the nose and face, and extensively on the hand, in his endeavors to keep off the infuriated beast—tearing off a large portion of the skin of his fingers. Upon visiting him I freely cauterized the parts and placed the hand in a poultice, which healed nicely in a few days.

On the 6th day of February, 1866, or about six weeks, I was hurriedly sent for, and on arriving found him suffering from the incipient symptoms of rabies. He complained of nausea, pain in the stomach and the upper part of the chest and neck, and frequently sighed. Calling for some water, I found the attempt to swallow threw him into a violent convulsive movement. Upon examination, the wounds presented no unusual appearance. Chloroform being approved by the friends, I at once desired aid, and Dr. EADIE was called, who, upon hearing a history of the case, and carefully examining the patient, ordered opium in full doses. This was done for a time and nourishment given, but on attempting to give anything, coming near him, opening a door, or anything which caused the air around him to be set in motion, sufficed to bring on a terrific convulsion. Thus he suffered for nearly three days, slowly and surely approaching death

from asthenia, which occurred on the evening of 3d day of attack.

June 7th, 1867, was called to see Captain Corson's grand child, æt. 9 years, who had been ailing for a few days and now was unable to swallow; and hence I was summoned. The child complained of pain in the stomach and back of neck, and presented rather an unusual appearance, a haggard, anxious expression and sighed frequently. Carefully inquiring if he had not been bitten by a dog or other animal, the mother remembered that in the preceding February he had come home from school crying, saying a dog had bitten him on his hand. Stating my fear, and the almost certain termination of the case to them, I desired that Dr. EADIE be called, who, upon hearing the statements above, concurred in the prognosis.

There seemed to be even more trouble in this case than the other—to give anything—for the violent muscular movements precluded doing anything. The child could not get anything down his throat, and died in twenty-two hours from my first visit.

Respectfully,

A. SATTERTHWAIT, M. D.

Mariners Harbor, N. Y., Feb. 23, 1872.

NEWS AND MISCELLANY.

Medical Commencements.

BELLEVUE HOSPITAL MEDICAL COLLEGE, NEW YORK.

The tenth annual commencement of Bellevue Hospital Medical College took place on the evening of February 29, at the Academy of Music. After prayer by Rev. ALFRED B. BEACH, D.D., chaplain of the college, Prof. AUSTIN FLINT, Jr., read the names of the graduates, 129 in number. Prof. TAYLOR, President of the Faculty, presented the graduates with diplomas, after which Prof. A. B. CROSBY, M. D., delivered an address to the young physicians constituting the graduating class. The valedictorian, BENJAMIN L. LOTHROP, being absent, his address was read by Dr. WILLIAM CARR, of the graduating class.

MEDICAL COLLEGE OF OHIO.

The 51st annual commencement exercisss of the Medical College of Ohio were held on the evening of March 1st. There were 87 graduates. The *ad eundem* degree was conferred on two persons, and the honorary degree on Mr. E. S. Wayne, a distinguished apothecary of Cincinnati, a graduate of the College of Pharmacy of this city.

MIAMI MEDICAL COLLEGE.

The 12th annual commencement of the Miami Medical College at Cincinnati was held on the 29th ult. There were 67 graduates and two *ad eundem* degrees were conferred.

——A physician in Bangor, Me., in a published card, explains that the cause of the death of one of his patients, was a cancer of long continuance, "for which every remedy was tried, not excepting the much-vaunted Cundurango, which had a more depleting effect upon the pocket than the disease."

——Dr. GRAHAM, of Harrisburg Springs, Kentucky, has presented his collection of fossils, minerals and specimens in archæology, geology and natural history to the Public Library of Kentucky. This is said to be one of the most valuable collections in the country.

QUERIES AND REPLIES.

Dr. C. B. Me., of Ind.—A set of dental forceps costs, without case, $1 50 for each instrument.

Dr. G. C. L., of Mo.—We presume you refer to Manec's paste. It is prepared with 15 grains of white arsenic, 75 of cinnabar, and 35 of burnt sponge, made into a thick paste with a few drops of water.

Boylston Prize Questions.—The address of Dr. B. Joy Jeffries, is "Boston, Mass."

Dr. Von M., of Ills.—We do not think a work of the kind you describe would be saleable. Medical publishers never pay for manuscripts.

REPLY.—Tell "H. W.," Cairo, Ill., in REPORTER No. 781 to put a huge blister of Spanish fly all over his hip and keep in bed. If one does not produce a vigorous vesication, apply another; I have permanently relieved cases by such treatment. I am yours,

Illinois. S. A. DOW.

MARRIED.

THOMPSON—CANARY.—On the 7th inst., by the brother of the bride, Rev. A. J. Canary, of St. Patrick's Cathedral, New York city, Dr. John Thompson, of Albany, to Miss Maggie C. Canary, of New York city.

BOTSFORD—KEOGH.—January 19th, at the rectory of St. Ann's Church, New York, by Rev. Dr. Gallaudet, Dr. William Botsford and Miss Annie Keogh, both of Philadelphia.

MINSTER—JAYNE.—On the 6th inst., by the Rev P. S. Henson, Charles L. Minster, M. D., and Mrs. Mary C. Jayne, all of this city.

BIRTH.

SNOW.—At Baker City, Oregon, a son (Charles Virchow) to Dr. T. N. Snow.

DIED.

DE WITT.—February 9th, at New York, Eliza C. De Witt, wife of the late Wm. C. De Witt, M. D., of Saugerties, N. Y., in the sixtieth year of her age.

DODGE.—At his residence, near Avondale, near Cincinnati, O., March 1st, of apoplexy, Dr. Israel S. Dodge, in the 65th year of his age.

ELLIGER.—In this city, suddenly, on the evening of the 5th inst., Dr. Richard A. F. Elliger, in the 33d year of his age.

EDWARDS.—On the 16th ult., at the residence of Wm. Stacy, Strasburg, Lancaster co., Pa., of consumption, Wm. J. Edwards, formerly a student of Dr. T. C. Rogers, of Willow Grove, Delaware; also attended lectures at the Medical Department of University of Pennsylvania, 1870-1.

MCCONNELL.—On the 10th inst., at Bethlehem, Pa., after a short illness, Mary Ann, widow of the late Benjamin Rush McConnell, M. D., in the 75th year of her age.

TULLER.—In this city, on the 7th inst., of diphtheria, Gilbert, only son of Dr. Charles and Mary Tuller, aged 2 years and 3 months.

WEBB.—At the Kings County Hospital, Flatbush, Long Island, on the 5th inst., John S. Webb, M. D., late graduate of the College of Physicians and Surgeons, New York, aged 22 years, 3 months and 5 days.